Applicant: SOUTHWEST DUBOIS CO SCH CORP

Billed Entity Number: 130671 Date Submitted: Apr 10, 2015

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Original Form Data 🗸

Application Number: 1040316

Nickname: FY 2015 C2 471b SW Dubois

Date Certified: Apr 10, 2015

Current Form Data

Basic Information
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Billed Entity

Name of Billed Entity: SOUTHWEST DUBOIS CO SCH CORP

Billed Entity Number: 130671

FCC Registration Number: 0002900629
Address 1: 113 NORTH JACKSON STREET
City: HUNTINGBURG State: IN Zip Code: 47542

Telephone Number: (812) 683-3971 Ext: None Provided

Fax Number: (812) 683-2752

Application Type and Recipients of Service

Type of Application: District Recipients of Services: Public

Contact Information

Consultant Registration Number: 16024741

Consultant Name: Bret Lewis

Is a consultant acting as the contact person for this applic

Yes

Contact Person's Name: Bret Lewis

Contact Person's Email Address: bret@adtecerate.com

Is the contact person's address the same as that of the Bil

Entity? No

Contact Person's Address: AdTec, Inc PO Box 97

City: Centerville State: IN Zip Code: 47330

Contact Person's Telephone Number: (866) 855-1845 Ext: N

Provided

Contact Person's Fax Number: (765) 855-1615
Correspondence Address: Consultant Address

Name of person to receive correspondence: Bret Lewis

Holiday / Summer Contact Information:



I certify that the entities listed in Block 4 of this application are eligible for support because they are:

schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

✓ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, t the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the sei purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I repres the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from fu which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of th and services to the service provider(s).

A Total funding year pre-discount amount on this FCC Form 471

\$24

Š.	FCC Form 471 View - Funding Year 2015	
В	3 Total funding commitment request amount on this FCC Form 471	\$17
c	Total applicant non-discount share	\$7
D	Total budgeted amount allocated to resources not eligible for E-rate support	\$218
E	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resource necessary to make effective use of the discounts	\$225
thi	Check this box if you are receiving any of the funds in Item E directly from a service provider listed on any of the is Billed Entity for this funding year, or if a service provider listed on any of the FCC Forms 471 filed by this Billed Ensisted you in locating funds in Item E.	
recei	I certify that an FCC Form 470 was posted and that any related RFP was made available for at least 28 days before lived and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-ected, with price being the primary factor considered, and is the most cost-effective means of meeting educational r	effective service offe
	I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and curement/competitive bidding requirements and that the entity or entities listed on this application have complied	
47 C. Com anyti	I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for a services and will not be sold, resold or transferred in consideration for money or any other thing of value, exceptions of the services at 47 C.F.R. § 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application of value or a promise of anything of value, other than services and equipment sought by means of this form, the presentative or agent thereof or any consultant in connection with this request for services.	ept as permitted by on have not receive
that lega l or m	I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping require failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signly binding agreements covering all of the services listed on this FCC Form 471 except for those services provided uponth-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or crimic ropriate law enforcement authorities.	gned contracts or o nder non-contracte
	I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that bols and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those service.	
the t with and 1	I certify that I will retain required documents for a period of at least 10 years (or whatever retention period is required of this certification), after the last day of service delivered. I certify that I will retain all documents necessary to the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving school that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursual pols and libraries program.	demonstrate compols and libraries disc
certif that this a state	I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) ify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I ha all of the information on this form is true and correct to the best of my knowledge, that the entities that are received application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to ements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or er Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.	ve examined this re ing discounts pursu anyone and that fa
from reaso app l i	I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liand their participation in the schools and libraries support mechanism are subject to suspension and debarment from conable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the elication, or any person associated in any way with my entity and/or the entities listed on this application, is convicted civilly liable for acts arising from their participation in the schools and libraries support mechanism.	n the program. I wil entities listed on this
	I certify that if any of the Funding Requests on this FCC Form 471 are for discounts for products or services that congisted gible components, that I have allocated the eligible and ineligible components as required by the Commission's rule.	
eligib purp	I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The ble services featured on this FCC Form 471 are net of any rebates or discounts offered by the service provider. I acknows of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the duct constitutes a rebate of some or all of the cost of the supported services.	knowledge that, for

Authorized Person

Name of authorized person: Mike Eineman

Title or position of authorized person: Superintendent

Street address, P.O. Box or Route Number of authorized person (1):

113 North Jackson Street

Street address, P.O. Box or Route Number of authorized person (2):

City of authorized person: Huntingburg

State: IN

Zip code of authorized person: 47542 Telephone number: (812) 683-3971

Ext.:

Fax number of authorized person: (812) 683-2752

Email address of authorized person: einemanm@swdubois.k12.in.us **Name of authorized person's employer:** Southwest Dubois County

School Corporation

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